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PTO/SB/05 (11-00)

A. A. of for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this

Attorney Docket No. 106941.190

First Inventor Charlotte Kensil

Title Innate Immunity Stimulating Compositions

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EL521666671US

Chily for the W Horiprovision	rai applicatione anaci er er it tiec(2	/ = X	- 6/C			
APPLICATION ELEMENTS			ADDRESS TO: Assistant Commissioner for Paten Box Patent Application			
See MPEP chapter 600 concerning utility patent application contents.			Washington, DC 20231			
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 43] - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description			7. CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS			
- Claim(s)	•		9. Assignment Papers (cover sheet & document(s)) 37 CFR 3.73(b) Statement Power of Attorney			
- Abstract of the Disclosure 4.			10. (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Preliminary Amendment 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: 17. Other: 18. Other: 19. Other: 19. Other: 19. Other: 19. Orior application No.: 19. Orior applicat			
	19. CORRESPO	ONDENC	CE ADDRESS			
Customer Number or Bar Code Label (Insert/Customer No. or/Attach) bar code/label/here) Correspondence address below						
Name	Colleen Superko					
	Hale and Dorr LLP		- n			
Address	60 State Street		V - 1			
City	Boston	Sta	State MA Zip Code; 02109			
Country	USA	Telepho	hone 617-526-6564 Fax 5 617-526-5000			
Name (Print/Type)	Colleen Superko	6,	Registration No. (Attorney/Agent) 39,850			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)	562

Complete if Known			
Application Number	Unassigned		
Filing Date	Herewith		
First Named Inventor	Charlotte Kensil		
Examiner Name	Unassigned		
Group Art Unit	Unassigned		
Attorney Docket No.	106941.190		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated fees and credit any overrowments to:	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to: Deposit	Large Small					
Account 08-0219	Entity Entity Fee Fee Fee Fee Pescription	Fee Paid				
Number L Deposit	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	ree Falu				
Account Name Hale and Dorr LLP	105 130 205 65 Surcharge - late filing fee or oath					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Applicant claims small entity status.	139 130 139 130 Non-English specification					
See 37 CFR 1.27 2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination					
Check Credit card Money Cother	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action					
	115 110 215 55 Extension for reply within first month					
1. BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month					
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month					
Code (\$) Code (\$) Fee Paid	118 1,390 218 695 Extension for reply within fourth month					
101 710 201 355 Utility filing fee 355 106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month					
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal					
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal					
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing					
	138 1,510 138 1,510 Petition to institute a public use proceeding					
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable					
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional					
Fee from Ext <u>ra Claimsbelow _Fee Paid</u>	142 1,240 242 620 Utility issue fee (or reissue)					
Total Claims 43 -20** = 23 X 9 = 207	143 440 243 220 Design issue fee					
Independent 3 - 3** = 0 x 0 = 0	144 600 244 300 Plant issue fee					
Multiple Dependent 0 = 0	122 130 122 130 Petitions to the Commissioner					
	123 50 123 50 Processing fee under 37 CFR 1.17(q)					
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)					
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection					
104 270 204 135 Multiple dependent claim, if not paid	(37 ČFR § 1.129(a))					
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))					
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)					
and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 207	Other fee (specify)					
**or number previously paid if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0					

SUBMITTED BY			Complete (if applicable)				
Name (Print/Type)	Colleen/Superko) /	Registration No. (Attorney/Agent)	39,850	Telephone	617-526-6564	
Signature	Colllers	uporko		•	Date	1/12/01	

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